Combined Declaration For Patent Application and Power of Attorney							ATTORNEY DOCKET 84418NAB							
As below named inver	ntor, I hereby dec	lare that:												
My residence, post office address	•			-										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:														
A MONOCENTRIC AUTOSTEREOSCOPIC OPTICAL APPARATUS USING A SCANNED LINEAR ELECTROMECHANICAL MODULATOR														
The specification of which (check	The specification of which (check only one item below):													
X is attached hereto.														
was filed as United States Application Serial No. on and was amended on (if applicable).														
was filed as PCT interna	itional applicatio	n Number o	on and was	amended on (if app	licable).									
I hereby state that I have reviewe	d and understand	the contents	of the above-	-identified specification	n, including the	claims, as a	mended t	y any am	endment					
referred to above.	se to the LIS Pat	ent & Trader	nark Office a	Il information known	to me to be mate	erial to nate	ntability	as defined	l in Title					
37, Code of Federal Regulations,	l acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title													
137, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's														
certificate, or (365 (a) of any PCT														
and have also identified below a														
one country other than the United	1 States of Americ	ca filed by me	on the same	subject matter.having	g a filing date be	fore that of	the appli	cation(s)	of which					
priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:														
COUNTRY (# PCT, indicate PCT)		PPLICATION NUMBER		DATE OF FILE	NG nd	PRIOR	RITY CLAIMED U	NDER 35 USC §1	19					
(FFC), FISCAUPCI)				,,,,,,			YES		NO					
							YES		NO					
							YES		NO					
I hereby claim the benefit under	Fitle 35, United S	tates Code, 11	19 §(e) of an	y United States provis	ional application	n(s) listed be	low:							
PRIOR PROVISIONAL APPLI	ICATION(S) AN	D ANY PRIC	DRITY CLA	IMS UNDER 35 U.S	.C. §119 (e):									
PROVISIONAL AF	PPLICATION NUMBER				FILING DATE (mor	nth/day/ye.er)								
I hereby claim the benefit under I														
the United States of America that	is/are listed belo	w and, insofar	r as the subje	ct matter of each of th	e claims of this	application	is not dis	closed in	that/those					
prior applications(s) in the manne Office all information known to														
between the filing date of the price														
PRIOR US APPLICATIONS O	R PCT INTERN	ATIONAL A	PPLICATION	ONS DESIGNATING	THE U.S FOR	BENEFIT	UNDER	!						
35USC§120:	U.S. APPL	ICATIONS			1	STATUS (Check one)								
U.S. APPLICATION NUMI		U.S. FILING DATE			PATENTE		ENDING		DONED					
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PCT APPLICATIONS DESIGNATING THE U.S.							<u>-</u>							
· PCT APPLICATION NO. PCT FILE		√G DATE	U.	S. SERIAL NUMBERS ASSIGNED (if any)										
														
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	Combined Declaration For Patent Application and Power of Attorney (Continued) ATTORNEY D 84418NAB									
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.										
Se	nd Correspo	ondence to:			Direct Telephone Calls to:					
		Patent L			(name and telephone number)					
				Company	Nelson A. Blish					
		343 Stat			(585) 588-2720					
		Rochest	er, NY	14650-2201	FAX: (585) 477-4646					
_	FULL NAME OF FAMILY NAME			FIRST GIVEN NAME	SECOND GIVEN NAME					
2	INVENTOR	Agostinelli		John STATE OR FOREIGN COUNTRY	A. COUNTRY OF CITIZENSHIP					
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1	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA					
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2	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company		343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA					
2	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME					
0	RESIDENCE & CITY			STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP					
3	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME					
0	RESIDENCE & CITIZENSHIP	RESIDENCE & CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP					
4	BUSINESS ADDRESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME					
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP					
5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME					
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP					
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)					
tru im the	ne; and further prisonment, or ereon.	r that these statements were mad r both, under 18 U.S.C. 1001, and	e with the d that such	knowledge that willful false statement willful false statements may jeopardize	ts made on information and belief are believed to be ts and the like so made are punishable by fine or the validity of the application or any patent issued I SIGNATURE OF INVENTOR 203					
SIG	SNATURE OF IN	VENTOR 201	SIGNATURE	E OF INVENTOR 202	SIGNATURE OF INVENTOR 203					
	Just 1	populle	Man	19 man						
DATE										
	May	, 2, 2002	May	1., 2002						
616	THE THOS OF HE	CENTROD CO.	CICNATINE	C OF INVENTOR 205	SIGNATURE OF INVENTOR 206					

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